

Maria E. Elkins Clerk of Court Office of the Clerk

UNITED STATES DISTRICT COURT

for the
MIDDLE DISTRICT OF PENNSYLVANIA
William J. Nealon Federal Bldg. & U.S. Courthouse
235 North Washington Avenue
P.O. Box 1148
Scranton, PA 18501-1148

(570) 207-5600 Fax (570) 207-5650 www.pamd.uscourts.gov

Divisional Offices:

Harrisburg: (717) 221-3920 Williamsport: (570) 323-6380

# **IN FORMA PAUPERIS NOTICE:**

IF YOU ARE GRANTED IN FORMA PAUPERIS STATUS, THE U.S. MARSHAL WILL BE DIRECTED TO SERVE THE SUMMONS AND YOUR COMPLAINT. YOU ARE REQUIRED TO COMPLETE THE USM-285 FORM PRIOR TO SERVICE FOR EACH DEFENDANT NAMED IN YOUR COMPLAINT. WITHOUT THE COMPLETED FORM SERVICE CANNOT BE MADE BY THE U.S. MARSHAL.

A COMPLETED USM-285 FORM MUST BE SUBMITTED FOR EACH DEFENDANT WHO WILL BE SERVED BY THE U.S. MARSHAL.

IT IS VERY IMPORTANT TO ACCURATELY COMPLETE THE MARSHAL'S FORM. INSTRUCTIONS CAN BE FOUND ON THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF PENNSYLVANIA'S WEBSITE -

(http://www.pamd.uscourts.gov/sites/default/files/forms/usm-285instform.pdf).

IF YOU <u>DO NOT</u> COMPLETE THE FORM, THE MARSHAL WILL NOT SERVE YOUR PAPERS. IF THE MARSHAL CANNOT READ THE FORM, THE MARSHAL WILL NOT BE ABLE TO SERVE YOUR PAPERS.

DO NOT RETURN THE FORM TO THE U.S. MARSHAL'S OFFICE. All USM-285 FORMS ARE TO BE **RETURNED TO THE CLERK'S OFFICE**.

> Any questions, please contact the Clerk's office: Scranton: 1-866-263-8479 Harrisburg: 1-866-333-3261 Williamsport: 1-866-736-3914

## UNITED STATES DISTRICT COURT

for th	
Plaintiff )  v. )  Defendant )	Civil Action No.
NOTICE OF A LAWSUIT AND REQUEST T	FO WAIVE SERVICE OF A SUMMONS
	TO WAIVE SERVICE OF A SUMMONS
To: (Name of the defendant or - if the defendant is a corporation, partnership)	p, or association - an officer or agent authorized to receive service)
Why are you getting this?	
	represent, in this court under the number shown above.
service of a summons by signing and returning the enclosed wa	the defendant is outside any judicial district of the United States)  at. Two copies of the waiver form are enclosed, along with
What happens next?	
If you return the signed waiver, I will file it with the co on the date the waiver is filed, but no summons will be served is sent (see the date below) to answer the complaint (or 90 days the United States).	
If you do not return the signed waiver within the time in served on you. And I will ask the court to require you, or the e	ndicated, I will arrange to have the summons and complaint ntity you represent, to pay the expenses of making service.
Please read the enclosed statement about the duty to av	void unnecessary expenses.
I certify that this request is being sent to you on the da	te below.
Date:	
Date:	Signature of the attorney or unrepresented party
	Printed name
	Address
	E-mail address
	Telephone number

### UNITED STATES DISTRICT COURT

for the

	)
Plaintiff V.	) ) Civil Action No.
	)
Defendant	)
WAIVER OF THE	SERVICE OF SUMMONS
То:	
(Name of the plaintiff's attorney or unrepresented plain	ntiff)
I, or the entity I represent, agree to save the expe	ense of serving a summons and complaint in this case.
60 days from , the date	when this request was sent (or 90 days if it was sent outside the
(Name of the plaintiff's attorney or unrepresented plaintiff)  I have received your request to waive service of a summons in this action along with a copy of the complaint, to copies of this waiver form, and a prepaid means of returning one signed copy of the form to you.  I, or the entity I represent, agree to save the expense of serving a summons and complaint in this case.  I understand that I, or the entity I represent, will keep all defenses or objections to the lawsuit, the court's risdiction, and the venue of the action, but that I waive any objections to the absence of a summons or of service.  I also understand that I, or the entity I represent, must file and serve an answer or a motion under Rule 12 within days from	
Date:	Signature of the attorney or unrepresented party
Printed name of party waiving service of summons	Printed name
	Address
	E-mail address
	Telephone number

#### Duty to Avoid Unnecessary Expenses of Serving a Summons

Rule 4 of the Federal Rules of Civil Procedure requires certain defendants to cooperate in saving unnecessary expenses of serving a summons and complaint. A defendant who is located in the United States and who fails to return a signed waiver of service requested by a plaintiff located in the United States will be required to pay the expenses of service, unless the defendant shows good cause for the failure.

"Good cause" does *not* include a belief that the lawsuit is groundless, or that it has been brought in an improper venue, or that the court has no jurisdiction over this matter or over the defendant or the defendant's property.

If the waiver is signed and returned, you can still make these and all other defenses and objections, but you cannot object to the absence of a summons or of service.

If you waive service, then you must, within the time specified on the waiver form, serve an answer or a motion under Rule 12 on the plaintiff and file a copy with the court. By signing and returning the waiver form, you are allowed more time to respond than if a summons had been served.

#### U.S. Department of Justice United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	LAINTIFF					COURT CASE NUMBER			
DEFENDANT				TYPE OF PROCESS					
SERVE AT				RPORATION. ETC		SCRIPTIO	ON OF PROPERTY TO	O SEIZE	OR CONDEMN
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW					Number of process to be served with this Form 285				
						ber of parties to be d in this case		Month of the Control	
	_					Chec on U	k for service S.A.		
Signature of Atto	orney other Originat	or requesting se	rvice on beha	alf of:	PLAINTIFF	ТЕГЕРНО	NE NUMBER	DATE	
SPACE H	RELOW FOI	D LISE OF	IIS M		DEFENDANT	OT WI	PITE BELOW	тиіс	LINE
	eceipt for the total ss indicated. SM 285 if more	Total Process	District of Origin			OT WRITE BELOW TI			Date
I hereby certify a on the individual	nd return that I	have personally tion, etc., at the	served, address show	have legal evidenc wn above on the on	e of service, have the individual, comp	e executed any, corpo	as shown in "Remarks ration, etc. shown at th	", the pro e address	cess described inserted below.
☐ I hereby cer	tify and return that I	am unable to lo	cate the indi	vidual, company, c	orporation, etc. name	d above (S	ee remarks below)		
Name and title of individual served (if not shown above)						A person of suitable age and discretion then residing in defendant's usual place of abode			
Address (comple	te only different tha	n shown above)					Date	Time	ar
							Signature of U.S. Ma	arshal or l	Deputy
Service Fee	Total Mileage Cl including endeav		ding Fee	Total Charges	Advance Deposits		Lent owed to U.S. Marsh unt of Refund*)	al* or	
						\$0.00			
REMARKS:							ap were transferred	-a-A-dodo	

- DISTRIBUTE TO: 1. CLERK OF THE COURT 2. USMS RECORD

  - 3. NOTICE OF SERVICE
  - BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
     ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED